



\$10.00 Non-Refundable FEE

State of Washington
Application for a Water Right

RECEIVED
DEPT. OF ECOLOGY/SWRO

For Ecology Use

Fee Paid _____

Date _____

Please follow the attached instructions to avoid unnecessary delay.

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name NEW HEIGHTS BAPTIST CHURCH Home Tel: (360) 694 - 4985
Mailing Address 7913 NE 58th AVE Work Tel: (360) 694 - 6039
City VANCOUVER State WA Zip+4 98665 + FAX: (360) 694 - 0219

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name MARK D. AILANIAN Home Tel: (360) 260 - 9146
Mailing Address 7913 NE 58th AVE Work Tel: (360) 694 - 4985
City VANCOUVER State WA Zip+4 98665 + FAX: (360) 694 - 0219
Relationship to applicant ADMINISTRATOR

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 75 GPM (☒ gallons per minute or
☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s)
of ATTACH A "LEGAL"

DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not
sufficient.

Estimate a maximum annual quantity to be used in acre-foot per year: 360 acre-foot/year

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From ___/___/___ to ___/___/___

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>1</u> well(s).
Number of diversions: _____	<u>See ATTACHED WELL REPORT</u>
Source flows into (name of body of water):	Size & depth of well(s): <u>6" / 266' SEE ATTACHED WELL REPORT</u>

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: SEE ATTACHED QTV SEC MAP.

SE SW 6 T2N R2E WM

1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SE</u>	<u>SW</u>	<u>6</u>	<u>2N</u>	<u>2E</u>	<u>CLARK</u>			

For Ecology Use Date Received: 10-1-01 Priority Date: 10-1-01

SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____

Date Accepted As Complete 10/22/01 By SC Date Returned _____ By _____ WRIA 28

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: NEW HEIGHTS IRRIGATION SYSTEM
- B. Briefly describe your proposed water system. (See instructions.)
- WATER TO BE USED FOR IRRIGATION + OTHER NON POTABLE USES,
 - PUMPED BY 7.5 HP PUMP USING 2" WATER MAINS.
 - PUMP LOCATED IN WELL
 - IRRIGATION IS NEEDED PRIMARILY IN SUMMER MONTHS SO ONLY SEASONAL WATERING IS ANTICIPATED.
 - SEE ATTACHED WELL REPORT FOR OTHER DETAILS
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO
PROVIDE DOCUMENTATION.

Section 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

N/A

- A. Number of "connections" requested: _____ Type of connection _____
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☐ NO
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Completed for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: approx 20 acres Lawn + garden
- B. List total number of acres for other specified agricultural uses:
- Use _____ Acres _____
- Use _____ Acres _____
- Use _____ Acres _____
- C. Total number of acres to be covered by this application: approx 20 acres
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
- ‡ Acreage irrigated under water rights acquired after December 8, 1977;
 - ‡ Acreage proposed to be irrigated under this application;
 - ‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO
If yes, enter permit no.: _____
- E. Farm uses: N/A
- Stockwater - Total # of animals _____ Animal Type _____ (If dairy cattle, see below)
- Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

I 205 TO EXIT 32 1 BLK WEST TO ANDRESEN SOUTH 1 BLK
TO 78 TH STREET WEST TO 58 TH AVE NORTH TO SITE.

ADDRESS: 7913 NE 58TH AVE
VANCOUVER WA. 98665

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

SEE ATTACHED QTR SEC. MAP. AREA TO BE IRRIGATED OUTLINED
IN YELLOW. INCLUDES IRRIGATED AND NON IRRIGATED PORTIONS
OF OUR PROPERTY.

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

☒ YES ☐ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es)
of the owner(s):

B. Does the applicant own the land on which the water source is located?

☒ YES ☐ NO

If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Mark D. Culan ADMIN
Applicant (or authorized representative)

9/26/01
Date

Landowner for place of use (if same as applicant, write "same")

Date

S

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____ Date _____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).